

**HEARING AID DISPENSERS BUREAU**

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**HEARING AID DISPENSER LICENSE APPLICATION****GENERAL INSTRUCTIONS**

There are three ways in which one can become licensed as a hearing aid dispenser -- **ALL** of them include taking and passing the written and practical examinations. Please read the following information and determine under which option you will apply.

**OPTION 1** - You may submit your completed application package, take the written and practical examinations, and become licensed upon passing the exams and submitting the fee for a permanent license, **WITHOUT** receiving a temporary license. This option requires the submission of the following completed forms:

- Hearing Aid Dispenser License Application
- Completed second copy of "Request for Live Scan Service"\* or two fingerprint cards
- Appropriate fees (See Fee Schedule)

**OPTION 2** - You may obtain a temporary-trainee license under B&P Code Section 3357 with proof that you will be supervised by a licensee who has been licensed in California for at least 3 years. **You may not work until your application is approved and you receive the license.** You are required to take the written examination within 10 months from the issue date of the license. Prior to taking the exams, 20% direct supervision is required. If you fail either the written or practical examination, you must be supervised 100% of the time. This option requires submission of the following completed forms:

- Hearing Aid Dispenser License Application
- Completed second copy of "Request for Live Scan Service"\* or two fingerprint cards
- Temporary-Trainee License Application Addendum (Carefully read #6 on the form)
- Application to Supervise a Trainee (Completed by your supervisor)
- Appropriate fees (See Fee Schedule)

**OPTION 3** - You may obtain a temporary license under B&P Code Section 3356 if you are licensed in another state to dispense hearing aids and have dispensed hearing aids for the two years immediately preceding submission of your application. The license enables you to practice while you take the exams, is valid for one year, and is not renewable. **If you fail either the written or practical examination, you must obtain a supervisor under the provisions of B&P Code Section 3357 and be supervised 100% of the time if you wish to continue dispensing hearing aids until you pass the exam.** This option requires submission of the following completed forms/information:

- Hearing Aid Dispenser License Application
- Completed second copy of "Request for Live Scan Service"\* or two fingerprint cards
- License verification from the state licensing agency. This must be an official certification (no photo copies will be accepted) from the licensing body, and include any disciplinary action and the dates of such action.
- Documentation from your employer stating your dates of employment and a description of your duties. If you were self-employed, you may submit a notarized personal statement.
- Appropriate fees (See Fee Schedule)

You may include payment for all relevant fees in one check. Make your check or money order payable to the Hearing Aid Dispensers Bureau (HADB). Do not send cash.

\*See Live Scan Fingerprint Information and Procedures Fact Sheet

# HEARING AID DISPENSER LICENSE APPLICATION

Please read the instructions carefully prior to completing this form. Please make sure that all questions on this application are answered and all supporting documentation and appropriate fees are submitted.

## Type of Print

### A. Personal Data

Name:	Last	First	Middle	Home Telephone (    )	
Home Address:	Number and Street	City	State	Zip	
Description:	Height	Weight	Eye Color	Brithdate: Month/Day/Year	Social Security Number

### B. Declaration of Education

Name of High School Attended	Year Graduated	or	Year Passed GED
Name of College Attended	Year Graduated or Units Achieved	Degree Awarded	

### C. Professional Data

	YES	NO
<ul style="list-style-type: none"><li>Are you an audiologist licensed to practice in California? <i>If yes, please provide license number:</i></li></ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>Are you a physician licensed to practice in California? <i>If yes, please provide license number:</i></li></ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>Have you ever <b>been licensed</b> to dispense hearing aids in another state or country? <i>If yes, state/country:                      license number:                      date issued:</i> <i>Current status of license:</i> <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Suspended <input type="checkbox"/> Revoked <input type="checkbox"/> Other</li></ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>Have you ever <b>dispensed</b> hearing aids in another state or country? <i>If yes, where?</i></li></ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>Have you ever surrendered a license or certificate or had one denied or disciplined by another state or country? <i>If yes, give details (on a separate sheet) including locations, dates, and charges:</i></li></ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>Have you ever held or applied for a temporary or permanent license in California? <i>If yes, when and under what name?</i></li></ul>	<input type="checkbox"/>	<input type="checkbox"/>

#### D. Temporary-Trainee Licenses (See General Instructions, Options 2)

Are you applying for a temporary-trainee license under B&P Code Section 3357? Yes ☐ No ☐

If yes, please submit the information required under Option 2 of the General Instructions. *"I will be a trainee supervised by the licensed hearing aid dispenser as shown below and am aware that a temporary-trainee license is only valid while so supervised. I understand that I am required to take the written license examination within the first 10 months after the temporary-trainee license is issued."*

\_\_\_\_\_  
Initial

Supervisor's Name:	Last	First	Middle	License Number:	Date Issued:
Business Name:					
Business Address:	Number and Street	City	State	Zip	Telephone ( )

#### E. Temporary License (See General Instructions, Option 3)

Are you applying for a temporary license under B&P Code Section 3356? Yes ☐ No ☐

If yes, please submit the information required under Option 3 of the General Instructions. *"I understand that the temporary license shall be valid for one year from the date of issuance and is not renewable. If I fail the examination, I shall be subject to and shall comply with the supervision requirements of Section 3357."*

\_\_\_\_\_  
Initial

Business Name:					
Business Address:	Number and Street	City	State	Zip	Telephone ( )

#### F. Legal Record

Please answer each of the following questions:

Have you ever been convicted of, or pled nolo contendere to any misdemeanor or felony of any federal, state or local law of any state, the United States, or a foreign country, or is any such action pending? (Exclude violations of traffic laws which resulted in fines of \$300.00 or less) **You are required to list any conviction that has been set aside and dismissed, or expunged, or where a stay of execution has been issued.** Yes ☐ No ☐

Are you now addicted to narcotics, prescription drugs, or alcohol? Yes ☐ No ☐

***If you answered yes to either of the above questions, please explain (on a separate sheet) giving details including locations, dates, and charges. Please provide all official documentation regarding the matter in addition to a written explanation.***

## G. Affidavit

I, the undersigned pictured here, have read and completed the foregoing application and know the contents thereof. I hereby certify under penalty of perjury under the law of the State of California that all statements made therein are true in every respect. I understand that misstatements or omissions of material facts may be cause for denial of this application, or for suspension or revocation of a license.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Photo

- Attach passport-size photo of applicant taken no more than 60 days prior to the date of this application. (2" x 2" or 3" x 3")
- Bust-size proof photo not acceptable.

## Social Security Disclosure

Disclosure of your social security number (SSN) (or federal employer identification number (FEIN), if you are a partnership) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405(c) (2) (C)) authorize collection of your SSN. Your SSN or FEIN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN or FEIN, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

## Information Collection and Access

The Hearing Aid Dispensers Bureau's chief is the person who is responsible for information maintenance. Business and Professions Code Section 3352 authorizes the maintenance of the information. All information is mandatory. Failure to provide any of the requested information will result in the application being rejected as incomplete. The information provided will be used to determine qualification for licensure and admittance to the examination. Information on the application may be transferred to other governmental or law enforcement agencies. You have the right to review your file maintained by the agency subject to the Information Practices Act.

## Americans with Disabilities Act

In compliance with The Americans with Disabilities Act (ADA), Public Law 101-336, the Hearing Aid Dispensers Bureau (HADB) provides "reasonable accommodation" for applicants with disabilities that may affect their ability to take the required examinations. The HADB is not required by the ADA to provide special accommodations if we are unaware of your need. It is your responsibility to request a Special Accommodation for Examination form from HADB when submitting this application. All requests will be considered on a case by case basis. The information and any documentation regarding your disability will be considered strictly confidential and will not be shared with any outside source without your express written permission.